N02000005228

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies	(Addiess)		
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)		
ertified Copies Certificates of Status	PICK-UP WAIT MAIL		
ertified Copies Certificates of Status	(Business Entity Name)		
Special Instructions to Filing Officer:	(Document Number)		
	Certified Copies Certificates of Status		
Office Use Out	Special Instructions to Filing Officer:		
. Office the Oute			
Office Use Out			
Office Use Oak			



600173112956

03/29/10--01004--002 **43.75

ARY OF STA

2010 KAR 29 AH 11:

EFFECTIVE DATE 5-1-2010

DISS.

TH

MAR 3 D 2010

COVER LETTER

Division of Corporations				
SUBJECT: Atticles of Dissolution				
DOCUMENT NUMBER: NO200005228				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Le retta A. Bussiere (Name of Contact Person)				
Institute For the Healing AFT's Inc.				
(Firm/Company) 3				
(Address)				
Tallatrassee FL 32318				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Loretta Bussiere at (850) 510-3413 (Name of Contact Person) (Area Code & DaytimeTelephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\times \$43.75 Filing Fee & \$\times \$43.75 Filing Fee & \$\times \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\times \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				

MAILING ADDRESS:

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETAR 29 AMILES Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

ARTICLES OF DISSOLUTION

Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Institute for the Healing Arts, Inc. The document number of the corporation (if known): NO 20000 5% & SECOND:

THIRD: Adoption of Dissolution

(COMPLETE SECTION I OR II)

SECTION I If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)	
The date of the meeting of members at which the r	resolution to dissolve was adopted
	The number of votes cast by the
members was sufficient for approval.	
The resolution was adopted by written consent of t	the members and executed in

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was The number of directors in office was_____ and the vote for resolution was for and _____ against. (must be a majority vote)

OURTH:	Effective date of dissolution if applicable:	5-1-2010	
		(no more than 90 days after dissolution file date)	
	·		
		•	
	<i>K</i> .		
	Du OP		
	Signature Charles and the shall be shal	bleve	
	(By the chairman or vice chairman of officer- if directors have not been selections.)	ected, by an incorporator- if in	
	the hands of a receiver, trustee, or oth by that fiduciary.)	ner court appointed fiduciary,	
	· · · · · · · · · · · · · · · · · · ·		
	(Typed or printed name of t	the person signing)	
·	$\nabla \setminus \Delta$		
	President (Title of persons)	• • •	
	(Little of percon c	ianina i	

FOURTH:

FILING FEE: \$35